

October 9, 2014

Commissioner Kentucky Cabinet for Health & Family Services Department of Social Insurance CHR Building, 3rd FI 275 East Min Street Frankfort, KY 40621-0001

Re: Notice of Award - FY 2015

Dear Grantee:

This grant award represents obligation for fiscal year 2015 for the Temporary Assistance for Needy Families (TANF) program. These funds are subject to requirements of Title IV-A of the Social Security Act as amended by Title IV-A of the Personal Responsibility and Work Opportunity Reconciliation Act of 1996, PRWORA, P.L. 104-193.

Appropriation

751552

CAN

2015G996115

This Action \$46,326,251 Cumulative \$46,326,251

Total \$46

\$46,326,251

\$46,326,251

EIN: 1610600439B3 Document Number: 1502KYTANF CFDA Number: 93.558

With the acceptance of this award, you agree to administer this grant in compliance with conditions set forth in the applicable Program Instructions, terms and conditions, Departmental regulations, and OMB Circulars. This award is also subject to the requirements of Section 106 (g) of the Trafficking Victims Protection Act of 2000, as amended (22 U.S.C. 7104).

A copy of the General Terms and Conditions governing mandatory grant programs and additional program-specific requirements for this program are available at https://www.acf.hhs.gov/grants/terms-and-conditions.

Further, in accordance with Department of Treasury regulations 31 CFR Part 205, implementing the Cash Management Improvement Act, you agree to limit your request to draw Federal funds to the minimum amount needed and to time the request in accordance with the actual, immediate requirements in carrying out programs funded through this award. Failure to adhere to these requirements may cause the suspension of grant funds.

Funds included in this award will be made available through the DHHS Payment Management System (PMS). Questions pertaining to payments should be directed to DHHS Division of Payment Management, Post Office Box 6021, Rockville, MD 20852; telephone 1-877-614-5533. Fiscal reporting questions regarding this grant should be directed to the ACF Regional Office.

Please transmit a copy of this letter to the office authorized to request funds covered by this award.

Sincerely,

Patrick A Wells

Director

Division of Mandatory Grants



January 7, 2015

Commissioner Kentucky Cabinet for Health & Family Services Department of Social Insurance CHR Building, 3rd Fl 275 East Min Street Frankfort, KY 40621-0001

Re: Notice of Award - FY 2015

Dear Grantee:

This grant award represents obligation for fiscal year 2015 for the Temporary Assistance for Needy Families (TANF) program. These funds are subject to requirements of Title IV-A of the Social Security Act as amended by Title IV-A of the Personal Responsibility and Work Opportunity Reconciliation Act of 1996, PRWORA, P.L. 104-193.

 Appropriation
 CAN
 This Action
 Cumulative

 751552
 2015G996115
 \$46,139,243
 \$92,465,494

Total \$46,139,243 \$92,465,494

EIN: 1610600439B3 Document Number: 1502KYTANF CFDA Number: 93.558

With the acceptance of this award, you agree to administer this grant in compliance with conditions set forth in the applicable Program Instructions, terms and conditions, Departmental regulations, and OMB Circulars. This award is also subject to the requirements of Section 106 (g) of the Trafficking Victims Protection Act of 2000, as amended (22 U.S.C. 7104).

A copy of the General Terms and Conditions governing mandatory grant programs and additional program-specific requirements for this program are available at https://www.acf.hhs.gov/grants/terms-and-conditions.

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Funds included in this award will be made available through the DHHS Payment Management System (PMS). Questions pertaining to payments should be directed to DHHS Division of Payment Management, Post Office Box 6021, Rockville, MD 20852; telephone 1-877-614-5533. Fiscal reporting questions regarding this grant should be directed to the ACF Regional Office.

Please transmit a copy of this letter to the office authorized to request funds covered by this award.

Sincerely,

Patrick A Wells

Director

Division of Mandatory Grants

These funds represent the Q2 TANF Award for FY2015.

IMPORTANT NOTE: Expenditures made using funds from this and all subsequent awards for this program will be governed by guidelines found in the new Omni Circular published by the Office of Management and Budget. These guidelines incorporate and update existing OMB Circulars and are being codified for HHS programs in Federal regulations at 45 CFR Part 75. (See the Federal Register Notice, dated Dec 19, 2014 at 79 FR 75871-76106.) The Terms and Conditions for this program will be revised accordingly.



April 1, 2015

Commissioner Kentucky Cabinet for Health & Family Services Department of Social Insurance CHR Building, 3rd FI 275 East Min Street Frankfort, KY 40621-0001

Re: Notice of Award - FY 2015

Dear Grantee:

This grant award represents obligation for fiscal year 2015 for the Temporary Assistance for Needy Families (TANF) program. These funds are subject to requirements of Title IV-A of the Social Security Act as amended by Title IV-A of the Personal Responsibility and Work Opportunity Reconciliation Act of 1996, PRWORA, P.L. 104-193.

Appropriation

This Action

Cumulative

751552

2015G996115

\$43,500,257

\$135,965,751

Total \$43,500,257

\$135,965,751

EIN: 1610600439B3 Document Number: 1502KYTANF CFDA Number: 93.558

With the acceptance of this award, you agree to administer this grant in compliance with conditions set forth in the applicable Program Instructions, terms and conditions, Departmental regulations, and OMB Circulars. This award is also subject to the requirements of Section 106 (g) of the Trafficking Victims Protection Act of 2000, as amended (22 U.S.C. 7104).

A copy of the General Terms and Conditions governing mandatory grant programs and additional program-specific requirements for this program are available at https://www.acf.hhs.gov/grants/terms-and-conditions.

Further, in accordance with Department of Treasury regulations 31 CFR Part 205, implementing the Cash Management Improvement Act, you agree to limit your request to draw Federal funds to the minimum amount needed and to time the request in accordance with the actual, immediate requirements in carrying out programs funded through this award. Failure to adhere to these requirements may cause the suspension of grant funds.

Funds included in this award will be made available through the DHHS Payment Management System (PMS). Questions pertaining to payments should be directed to DHHS Division of Payment Management, Post Office Box 6021. Rockville. MD 20852; telephone 1-877-614-5533. Fiscal reporting questions regarding this grant should be directed to the ACF Regional Office.

Please transmit a copy of this letter to the office authorized to request funds covered by this award.

Sincerely,

letronel b Patrick A Wells

Director

Division of Mandatory Grants

IMPORTANT NOTE: Expenditures made using funds from this and all subsequent awards for this program will be governed by guidelines found in the new Omni Circular published by the Office of Management and Budget. These guidelines incorporate and update existing OMB Circulars and are being codified for HHS programs in Federal regulations at 45 CFR Part 75. (See the Federal Register Notice, dated Dec 19, 2014 at 79 FR 75871-76106.) The Terms and Conditions for this program will be revised accordingly.



July 1, 2015

Commissioner Kentucky Cabinet for Health & Family Services Department of Social Insurance CHR Building, 3rd Fl 275 East Min Street Frankfort, KY 40621-0001

Re: Notice of Award - FY 2015

Dear Grantee:

This grant award represents obligation for fiscal year 2015 for the Temporary Assistance for Needy Families (TANF) program. These funds are subject to requirements of Title IV-A of the Social Security Act as amended by Title IV-A of the Personal Responsibility and Work Opportunity Reconciliation Act of 1996, PRWORA, P.L. 104-193.

Appropriation 751552

CAN

2015G996115

This Action

\$45,321,917

Cumulative

\$181,287,668

Total \$45,321,917

\$181,287,668

EIN: 1610600439B3 Document Number: 1502KYTANF CFDA Number: 93.558

With the acceptance of this award, you agree to administer this grant in compliance with conditions set forth in the applicable Program Instructions, terms and conditions, Departmental regulations, and OMB Circulars. This award is also subject to the requirements of Section 106 (g) of the Trafficking Victims Protection Act of 2000, as amended (22 U.S.C. 7104).

A copy of the General Terms and Conditions governing mandatory grant programs and additional program-specific requirements for this program are available at https://www.acf.hhs.gov/grants/terms-and-conditions.

Further, in accordance with Department of Treasury regulations 31 CFR Part 205, implementing the Cash Management Improvement Act, you agree to limit your request to draw Federal funds to the minimum amount needed and to time the request in accordance with the actual, immediate requirements in carrying out programs funded through this award. Failure to adhere to these requirements may cause the suspension of grant funds.

Funds included in this award will be made available through the DHHS Payment Management System (PMS). Questions pertaining to payments should be directed to DHHS Division of Payment Management, Post Office Box 6021, Rockville, MD 20852; telephone 1-877-614-5533. Fiscal reporting questions regarding this grant should be directed to the ACF Regional Office.

Please transmit a copy of this letter to the office authorized to request funds covered by this award.

Sincerely,

Patrick A Wells

Director

Division of Mandatory Grants

These funds represent the Q4 TANF Award Amount for FY2015. IMPORTANT NOTE: Expenditures made using funds from this and all subsequent awards for this program will be governed by guidelines found in the new Omni Circular published by the Office of Management and Budget. These guidelines incorporate and update existing OMB Circulars and are being codified for HHS programs in Federal regulations at 45 CFR Part 75. (See the Federal Register Notice, dated Dec 19, 2014 at 79 FR 75871-76106.) The Terms and Conditions for this program will be revised accordingly.



August 19, 2015

Commissioner Kentucky Cabinet for Health & Family Services Department of Social Insurance CHR Building, 3rd Fl 275 East Min Street Frankfort, KY 40621-0001

Re: Notice of Award - FY 2015

Dear Grantee:

This grant award represents obligation for fiscal year 2015 for the Temporary Assistance for Needy Families (TANF) program. These funds are subject to requirements of Title IV-A of the Social Security Act as amended by Title IV-A of the Personal Responsibility and Work Opportunity Reconciliation Act of 1996, PRWORA, P.L. 104-193.

Appropriation

CAN

This Action

Cumulative

75-15-1552

2015G996115

\$1

\$181,287,669

Total \$1

\$181,287,669

EIN: 1610600439B3 Document Number: 1502KYTANF CFDA Number: 93.558

With the acceptance of this award, you agree to administer this grant in compliance with conditions set forth in the applicable Program Instructions, terms and conditions, Departmental regulations, and OMB Circulars. This award is also subject to the requirements of Section 106 (g) of the Trafficking Victims Protection Act of 2000, as amended (22 U.S.C. 7104).

A copy of the General Terms and Conditions governing mandatory grant programs and additional program-specific requirements for this program are available at https://www.acf.hhs.gov/grants/terms-and-conditions.

Further, in accordance with Department of Treasury regulations 31 CFR Part 205, implementing the Cash Management Improvement Act, you agree to limit your request to draw Federal funds to the minimum amount needed and to time the request in accordance with the actual, immediate requirements in carrying out programs funded through this award. Failure to adhere to these requirements may cause the suspension of grant funds.

Funds included in this award will be made available through the DHHS Payment Management System (PMS). Questions pertaining to payments should be directed to DHHS Division of Payment Management, Post Office Box 6021, Rockville, MD 20852; telephone 1-877-614-5533. Fiscal reporting questions regarding this grant should be directed to the ACF Regional Office.

Please transmit a copy of this letter to the office authorized to request funds covered by this award.

Sincerely,

Patrick A Wells

Director

Division of Mandatory Grants

These funds represent additional funding that the grantee is entitled to due to a rounding error that occurred during calculation of the Q4 awards.

IMPORTANT NOTE: Expenditures made using funds from this and all subsequent awards for this program will be governed by guidelines found in the new Omni Circular published by the Office of Management and Budget. These guidelines incorporate and update existing OMB Circulars and are being codified for HHS programs in Federal regulations at 45 CFR Part 75. (See the Federal Register Notice, dated Dec 19, 2014 at 79 FR 75871-76106.) The Terms and Conditions for this program will be revised accordingly.